

PROVIDER NAME: _____

PROVIDER NUMBER: _____

PERIOD FROM/TO: _____

Schedule SC-3
Pediatric

COMPUTATION OF PEDIATRIC SPECIALIZE CARE BASE OPERATING COSTS

1

Total Pediatric Specialize Care Costs (From HCFA 2552, Worksheet B, Part I, Col 27 or HCFA 2540, Worksheet B, Part I, Col 18, appropriate cost center line)

1

2

Less: Specialize Care Plant Costs (From HCFA 2552, Worksheet B, Part II, Col 27 or HCFA 2540, Worksheet B, Part II, Col 18, appropriate cost center line)

2

3

Total Pediatric Specialize Care Operating Costs (Line 1 minus Line 2)

3

4

Total Direct Patient Care Nursing Service Costs (From Schedule SC-4, Line 4)

4

5

Total Indirect Patient Care Operating Costs (Line 3 minus Line 4)

5

Transfer Line 2 to Schedule SC-7, Line 15

Transfer Line 4 to Schedule SC-7, Line 1

Transfer Line 5 to Schedule SC-7, Line 6

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Schedule SC-4
Pediatric

COMPUTATION OF PEDIATRIC SPECIALIZED CARE DIRECT PATIENT CARE
NURSING SERVICE COSTS

1

Nursing Administration

A

Nursing Administration Salaries (Director of Nursing, Assistant Director of Nursing, and Nursing Unit Supervisors)

1A

B

Nursing Administration Employee Benefit Costs (Line 1A x HCFA 2552 or 2540, Worksheet B-1, Col 3, Line 104 or 66, as applicable)

1B

C

Total Nursing Administration Costs (Line 1A + Line 1B)

1C

D

Percentage of Total Nursing Administration Costs Allocated to the Facility's Nursing Facility (NF) [HCFA 2552 or 2540, Worksheet B, Part I, Col 12, Specialize Care Cost Center Line/Line 12 or Col 9, Specialize Care Cost Center Line/Line 9, as applicable]

1D

Total NF's Nursing Administration Costs (Line 1C x Line 1D)

1

2

Direct Nursing Service

A

Salaries - RN's, LPN's, CNA's

2A

B

Employee Benefits - RN's, LPN's, and CNA's (Line 2A x HCFA 2552 or 2540, Worksheet B-1, Col 3, Line 104 or 66, as applicable)

2B

C

Contract Nursing Services for RN's, LPN's, and CNA's

2C

D

Nursing Departmental Supplies

2D

E

Professional Fees (Medical Director and Pharmacy Consultant Fees)

2E

Total Direct Nursing Service Costs (Sum of Lines 2A through 2E)

2

3

Minor Medical and Surgical Supplies

A

Total Facility Central Services and Supply Costs (HCFA 2552 or 2540, Worksheet B, Part I, Col 0, Lines 14 or 10, as applicable)

3A

B

Total Facility Central Services and Supply Costs Employee Benefit Costs (HCFA 2552 or 2540, Worksheet B, Part I, Col 3, Line 13 or 10, as applicable)

3B

C

Total Facility Central Services and Supply Costs (Line 3A + Line 3B)

3C

D

Percentage of Total Central Services and Supply Costs Allocated to the Facility's NF (HCFA 2552 or 2540, Worksheet B, Part I, Col 13, Specialize Care Cost Center Line/Line 13 or Col 10, Specialize Care Cost Center Line/Line 10, as applicable)

3D

E

Total NF's Central Service and Supply Costs (Line 3C x Line 3D)

3E

F

Minor Medical and Surgical Supplies Costs (Not charged to patients or allocated through Central Services Department)

3F

G

Oxygen Costs (Not charged to patients)

3G

H

Cost of Nutrient/Tubefeeding Supplies Issued to Specialize Care Patients (Not charged to Patients)

3H

Total Minor Medical and Surgical Supplies (Sum of Lines 3E through 3H)

3

4

Total Pediatric Specialized Care Direct Patient Care Nursing Service Costs (Line 1 + Line 2 + Line 3)

4

Transfer Line 4 to Schedule SC-3, Line 4

Please provide Reconciliation Schedule of Costs Claimed on Lines 1, 2, and 3 to NF's Working Trial Balance and/or Financial Statements

PROVIDER NAME: _____
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Schedule SC-5
Pediatric

COMPUTATION OF PEDIATRIC SPECIALIZE CARE
KINETIC THERAPY ANCILLARY SERVICE COSTS

1	Total Kinetic Therapy Service Costs (From HCFA 2552 or 2540, Worksheet B, Part I, Col 25 or Col 18, as applicable)	1	_____
2	Total Kinetic Therapy Charges (From Provider's Records)	2	_____
3	Ratio of Cost of Charges (Line 1/Line 2)	3	_____
4	Title XIX Ancillary Charges (DMAS MMR-240)	4	_____
5	Total Title XIX Kinetic Therapy costs (Line 3 x Line 4)	5	_____
6	A Total Title XIX Kinetic Therapy Rental Days	A	_____
	B Title XIX Kinetic Therapy Rental Day Ceiling	B	<u>102.00</u>
	Title XIX Kinetic Therapy Ceiling (Line 6A x Line 6B)	6	_____
7	Title XIX Kinetic Therapy Ancillary Services Costs (Lower of Line 5 or 6)	7	_____

Transfer Line 7 to Schedule SC-6, Line 17

PROVIDER NAME: _____
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PERIOD FROM/TO: _____

Schedule SC-6
Pediatric

COMPUTATION OF PEDIATRIC SPECIALIZE CARE DIRECT PATIENT CARE
ANCILLARY SERVICE COSTS

	Title XIX Ancillary Service Cost Centers	Total Ancillary Service Costs	Total Ancillary Charges (From Provider's Records)	Ratio of Cost to Charges (Col 1/Col 2)	Title XIX Ancillary Charges (DMAS MMR-240)	Title XIX Direct Patient Care Ancillary Service Costs (Col 3 x Col 4)
		(1)	(2)	(3)	(4)	(5)
1	Radiology					
2	Laboratory					
3	Inhalation Therapy					
4	Physical Therapy					
5	Occupational Therapy					
6	Speech Therapy					
7	EKG					
8	EEG					
9	Medical Supplies Charged to Patients					
10	IV Therapy					
11	Enteral Feedings					
12						
13						
14						
15						
16	Sub-Total					
17	Title XIX Allowable Kinetic Therapy Ancillary Service Costs (From Sch SC-5, Line 7)					
18	Total Pediatric Specialize Care Ancillary Service Costs (Line 16 + Line 17)					
19	Total Pediatric Specialize Care Title XIX Patient Days (From Sch SC-9, Part III, Line 7)					
20	Title XIX Pediatric Specialize Care Ancillary Service Cost Rate (Line 18/Line 19)					

Transfer Line 18 to Schedule SC-9, Line 8
Transfer Line 20 Rate to Schedule SC-7, Line 17

Total Ancillary Service Costs on Line 1-16, Col 1 above, shall agree with:
(1) HCFA 2552, Worksheet B, Part I, Col 25, appropriate ancillary service cost center lines, or
(2) HCFA 2540, Worksheet B, Part I, Col 18, appropriate ancillary service cost center lines

Ratio computed in Column 3 should be carried to six (6) decimal places

PROVIDER NAME: _____
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PERIOD FROM/TO: _____

Schedule SC-7P
Pediatric

COMPUTATION OF PEDIATRIC SPECIALIZE CARE BASE COSTS AND PROSPECTIVE RATE
FIRST SEMI-ANNUAL PERIOD

1	Total Pediatric Patient Days (From HCFA 2540 or 2552, Worksheet S-3)	1	_____
2	Total Title XIX Pediatric Specialize Care Patient Days	2	_____
3	Title XIX Percentage of Utilization (Line 2/Line 1)	3	_____
4	Total Pediatric Direct Patient Care Nursing Service Costs (From Sch SC-4, Line 4)	4	_____
5	Title XIX Pediatric Specialize Care Direct Patient Care Nursing Service Costs (Line 3 x Line 4)	5	_____
6	Title XIX Pediatric Specialize Care Direct Patient Care Operating Cost Base Rate (Line 5/Line 2)	6	_____
7	Title XIX Prospective Pediatric Specialize Care Direct Patient Care Operating Cost Base Rate (Line 6 x Inflation Percentage)	7	_____
8	Title XIX First Semi-Annual Prospective Pediatric Specialize Care Direct Patient Care Operating Cost Rate (Line 7 x First Semi-Annual NCMI Cost Rate Adjustment)	8	_____
9	Total Pediatric Indirect Patient Care Operating Costs (From Sch SC-3, Line 5)	9	_____
10	Title XIX Pediatric Specialize Care Indirect Patient Care Operating Costs (Line 9 x Line 3)	10	_____
11	Title XIX Pediatric Specialize Care Indirect Patient Care Operating Cost Base Rate (Line 10/Line 2)	11	_____
12	Title XIX Prospective Pediatric Specialize Care Indirect Patient Care Operating Cost Base Rate (Line 11 x Inflation Percentage)	12	_____
13	Total Title XIX Prospective Pediatric Specialize Care Operating Cost Base Rate (Line 8 + Line 12)	13	_____
14	Title XIX First Semi-Annual Prospective Pediatric Specialize Care Operating Ceiling	14	_____
15	Title XIX First Semi-Annual Prospective Pediatric Specialize Care Operating Rate (Lower of Line 13 or Line 14)	15	_____
16	Title XIX First Semi-Annual Prospective Pediatric Operating Efficiency Incentive Rate (From Sch SC-8P, Line 5)	16	_____
17	Total Title XIX First Semi-Annual Prospective Pediatric Specialize Care Operating Rate (Line 15 + Line 16)	17	_____
18	Total Pediatric Plant Costs (From Sch SC-3, Line 2)	18	_____
19	Title XIX Pediatric Capital Costs Patient Days - Greater of:	19	_____
	Line 2	19a	_____
	OR Total Available Patient Days		_____
	x 70%		_____
	x Line 3	19b	_____
20	Title XIX Pediatric Specialize Care Plant Cost Rate (Line 18/Line 19)	20	_____
21	Title XIX Pediatric Specialize Care Ancillary Service Cost Rate (From Sch SC-6, Line 20 (From Sch SC-6, Line 20)	21	_____
22	Total Potential Pediatric Specialize Care Reimbursement Rate (Line 17 + Line 20 + Line 21)	22	_____
23	Average Title XIX Pediatric Specialize Care Charges (Total Charges, Sch SC-9, Part IV, Line 3/Sch SC-7P, Title XIX Patient Days, Line 2)	23	_____
24	Title XIX Pediatric Specialize Care Reimbursement Rate for the First Semi-Annual Period (Lower of Line 22 or Line 23)	24	_____
25	Total "NATCEPs" Cost Rate (From PIRS-1090, Sch H, Line 30)	25	_____
26	Total Title XIX Pediatric Specialize Care Reimbursement Rate for First Semi- Annual Period of: 01/00/00 (Line 24 + Line 25)	26	_____

PROVIDER NAME: _____
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Schedule SC-8P
Pediatric

COMPUTATION OF PROSPECTIVE PEDIATRIC SPECIALIZE CARE
OPERATING EFFICIENCY INCENTIVE RATES
FIRST SEMI-ANNUAL PERIOD

1	Title XIX First Semi-Annual Prospective Pediatric Operating Ceiling (Sch SC-7, Line 11)	1	_____
2	Title XIX First Semi-Annual Prospective Pediatric Operating Cost Rate (Sch SC-7, Line 10)	2	_____
3	Pediatric Incentive Base (Line 1 - Line 2) [Note: If Incentive Base is equal to or less than zero, Efficiency Incentive on Line 5 will equal zero (0)]	3	_____
4	Percentage of Difference (Line 3/Line1) [Limited to 25%]	4	_____
5	Title XIX First Semi-Annual Prospective Pediatric Operating Efficiency Rate [As Limited] (Line 3 x Line 4)	5	_____

Transfer Line 5 to Schedule SC-7, Line 13

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PERIOD FROM/TO: _____

Schedule SC-9
Pediatric

PART I: COMPUTATION OF PEDIATRIC SPECIALIZE CARE SETTLEMENT

		1st Semi-Annual Period		2nd Semi-Annual Period	
		From:		From:	
		To:		To:	
1	Total Prospective Operating Rates (PY PIRS 1090, Sch SC-7, Line 14)	1A		1B	
2	Semi-Annual Title XIX Patient Days (Sch SC-9, Pt III, Lines 3 and 6)	2A		2B	
3	Semi-Annual Prospective Reimbursement (Lines 1A x 2A and 1B x 2B)	3A		3B	
4	Total Potential Prospective Pediatric Reimbursement (Line 3A + Line 3B)			4	
5	Current Year Plant Cost Rate (Sch SC-7, Line 16)			5	
6	Total Title XIX Pediatric Patient Days (Sch SC-9, Pt III, Line 7)			6	
7	Total Current Pediatric Plant Cost Reimbursement (Line 5 x Line 6)			7	
8	Total Current Pediatric Ancillary Service Cost Reimbursement (Sch SC-6, Line 18)			8	
9	Total Current Specialize Care NATCEPs Cost Reimbursement (Sch SC-7P, Line 25 x Sch SC-9, Pt III, Line 7)			9	
10	Total Pediatric Specialize Care Title XIX Potential Reimbursement (Lines 4 + 7 + 8 + 9)			10	
11	Total Current Title XIX Pediatric Specialize Care Charges (Sch SC-9, Pt IV, Line 3)			11	
12	Total Title XIX Pediatric Specialize Care Reimbursement (Lower of Line 10 or 11)			12	
13	Total Payments Paid to Provider-All Sources (Sch SC-9, Pt II, Col 2, Line 4)			13	
14	Balance Due To/(From) Provider (Line 12 - Line 13)			14	
15	Settlement After Submission of the Cost Report:			15	
		Date	Amount		
	Payment #1				
	Payment #2				
	Payment #3				
	Payment #4				
16	Final Balance Due To/(From) Provider (Line14 - Line 15)			16	

PART II: ANALYSIS OF PEDIATRIC SPECIALIZE CARE INTERIM PAYMENTS FOR TITLE XIX SERVICES

Description		Payment from Intermediary		Patient Pay or Payments from Primary Carrier
1	Total Payments per DMAS MMR-240			
2	Add/(Deduct) Cash Advance From/(To) Intermediary Relative to the Reporting Period	Date	Amount	
3	Total (Line 1 + Line 2)			
4	Total Interim Payments (Part II, Line 3, Col 1 + Col 2)			

PART III: ANALYSIS OF QUARTERLY TITLE XIX (MEDICAID) PEDIATRIC SPECIALIZE CARE PATIENT DAYS

1	First Quarter Patient Days Per DMAS MMR-240	1	
2	Second Quarter Patient Days Per DMAS MMR-241	2	
3	First Semi-Annual Period Patient Days (Line 1 + Line 2)	3	
4	Third Quarter Patient Days Per DMAS MMR-241	4	
5	Fourth Quarter Patient Days Per DMAS MMR-242	5	
6	Second Semi-Annual Period Patient Days (Line 4 + Line 5)	6	
7	Total Patient Days (Line 3 + Line 6)	7	

PART IV: ACCUMULATION OF TITLE XIX PEDIATRIC SPECIALIZE CARE CHARGES

1	Ancillary Services (Per DMAS MMR-240) [Sch SC-5, Line 4 + Sch SC-6, Col 4, Line 16]	1	
2	Routine & Special Care Charges (Per DMAS MMR-240)	2	
3	Total Medicaid Charges for Lower of Reimbursement or Charge Comparison (Line 1 + Line 2)	3	